THE COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF INDUSTRIAL ACCIDENTS
QUALITY ASSESSMENT AND ENFORCEMENT TOOL
Utilization Review & Quality Assessment Program Audit Review: 452 CMR 6.00 *et seq* .

UR Agent Name:	UR Agent ID #	Date:	Audit Type:		# of Records Reviewed	Recorder's Initials	Total Score	STATUS
							#REF!	#REF!

I. UR Case Notes: Indicators		Points	N/A	COMMENTS:	SCORE:	0
A.	The UR agent documents confirmation of compensability in the UR case notes 100% of the time.					
B.	Type of review identified and documented correctly 100% of time, i.e., prospective, concurrent, retrospective.					
C.	Category of review identified and documented correctly 100% of time, i.e. initial, appeal level.					
D.	Verification of ordering practitioner's diagnosis documented 100% of the time.					
E.	ICD-9 diagnosis documented 100% of the time.					
F.	Treatment guideline correctly applied and documented 100% of the time.					
G.	Documented clinical rationale includes application of guideline to corresponding diagnosis 100% of time.					

H.	Name and credentials of all licensed UR staff reviewers documented 100% of the time.			
I.	Name, phone#, address and school of ordering practitioner documented 100% of the time.			
J.	Verification of date of UR request and of ordering practitioner available for review 100% of the time.			
K.	Treatment start and stop dates documented 100% of the time.			
L.	Documentation of clinical rationale for a change in the treatment guideline 100% of the time.			
M.	Documentation includes a description of all the additional medical information required and date of request for additional medical information 100% of the time.			
N.	Documentation includes date of receipt of additional medical information 100% of the time.			

II. Treatment Guidelines & Review Criteria		**Points**	**N/A**	**COMMENTS:**	**SCORE:**	**0**
A.	The UR agent correctly applies and documents application of the Health Care Services Board (HCSB) endorsed Treatment Guidelines and the Department's Review Criteria for all conditions where they apply 100% of time.					
B.	The UR agent correctly applies and documents application of all secondary sources of treatment guidelines(s) to be used for medical conditions not covered by the HCSB endorsed Treatment Guidelines 100% of the time.					
C.	The UR agent correctly applies and documents application of all internally developed treatment guidelines used for medical conditions not covered by either primary or secondary sources 100% of the time.					

D.	The UR agent documents use of appropriate, actively practicing practitioners in its development or adoption of internally derived treatment guidelines and in the development and review of procedures for applying the criteria used at specified intervals and updates them as necessary; states in writing how practitioners can obtain the internal guideline criteria and make the criteria available to all licensed clinical review staff 100% of the time.				
III. REVIEW PROGRAM - Use of Appropriate Professionals:		**Points**	**N/A**	**COMMENTS:**	**SCORE: 0**
A.	The UR agent documents that only licensed professional complete all review decisions 100% of the time.				
B.	The UR agent ensures that all adverse determinations are conducted by a practitioner of the same school as the ordering provider and ensures all adverse determinations are based on treatment guidelines and review criteria 100% of the time.				
C.	The UR agent verifies only board certified physicians and other licensed health care providers from appropriate schools are rendering adverse determinations of medical necessity 100% of the time.				
D.	The UR organization limits administrative personnel functions to the collection and transfer of demographic data and the screening processes that do not require clinical review or clinical judgement 100% of the time.				
IV. Timelines of Clinical Reviews		**Points**	**N/A**	**COMMENTS:**	**SCORE: 0**
A.	For prospective review, the UR organization documents determinations and sends written notification of such determinations to the injured employee/representative, and ordering/treating practitioner within two business days of the receipt of all information necessary to complete the review 100% of the time.				
B.	For concurrent review, the UR organization documents determinations and sends written notification of such determinations to the injured employee/representative and ordering/treating practitioner within one day prior to implementation, i.e., discharge 100% of the time.				

C.	For retrospective review, the UR organization documents determination and sends written notification of such determination to the injured employee/representative and ordering/treating practitioner within 10 days of the determination 100% of the time.					
D.	The UR organization documents that they meet the timeline for completion of the function 100% of the time.					
V. Notice of Adverse Determination		**Points**	**N/A**	**COMMENTS:**	**SCORE:**	**0**
A.	The UR agent sends written notification of all adverse determinations to the injured employee/representative and the ordering practitioner 100% of the time.					
B.	The UR agent ensures all written notification of Adverse Determination contain the following 100% of the time: A. Review of HCSB Treatment Guidelines or secondary sources. B. Clinical rationale for adverse determination. C. Procedure to initiate appeal process. D. Identifier & school of reviewer who renders adverse determination.					
VI. Appeal Level Reviews		**Points**	**N/A**	**COMMENTS:**	**SCORE:**	**0**
A.	The UR agent conducts appeal level reviews as follows: when an adverse determination-not to approve a health care service is made prior to, or during an ongoing service requiring review, and the injured employee and/or the ordering/treating practitioner believes that the determination warrants immediate appeal, the injured employee and/or the ordering/treating practitioner shall have an opportunity to appeal that determination over the telephone to the UR agent with the right to speak to a practitioner of the same school on an expedited basis 100% of the time.					
B.	All appeals occur no later than 30 days from the date of receipt of notice of adverse determination 100% of the time.					
C.	The adjudication of all expedited appeals are completed within two business days of the date the appeal is made 100% of the time.					
D.	The adjudication of all standard appeal procedures are completed no later than twenty days from the date the appeal is filed 100% of the time.					

E.	Verification that all appeals are conducted by a same school clinical reviewer and that the appeal reviewer is different from the initial school reviewer 100% of the time.			
F.	The UR agent sends written notification to the injured worker of the disposition of the appeal and the right to appeal further: 6.04(5) after exhaustion of the process set forth in 452 CMR 6.04(4)(c) appealing the determination of the UR agent, or if payment of an approved claim or complaint in accordance with 452 CMR 1.07 under the provisions of M.G.L. 152 sections (8)(4) and/or (10) use complaint for 110 or 115 on DIA Website at www.mass.gov\dia 100% of the time.			
VII.	**Letters**	**Points**	**N/A**	**COMMENTS:** **SCORE:** **0**
A.	Introductory letter informs injured employee: 1) In case of an emergency, the UR agent shall allow 24 hours after emergency admission, service or procedure for an injured employee or their representative to request approval of such service, and 2) includes introductory paragraph to injured employee and a paragraph that outlines the utilization review agent complaint process that addresses complaints against the actions or inaction of UR agents 100% of the time. 3) Introductory letter should include a statement that informs the injured worker that they should have received an identification card, whom they should have received it from and who they should contact to request the card.			
B.	UR organization issues an approved determination letter, including introductory paragraph and guidelines used to approve service 100% of the time.			
C.	UR organization issues adverse determination letter that includes introductory paragraph; guideline, clinical rationale, identifier and school of reviewer and appeal/complaint process 100% of the time.			
D.	UR organization issues an approved appeal letter, including introductory paragraph and guideline review, and explanation of school to school review which indicates review done by different reviewer than initial adverse determination, and includes identifier and school of reviewer 100% of the time.			
E.	UR organization issues adverse determination letter upholding an initial adverse determination that includes introductory paragraph guideline, clinical rationale, and appeal/complaint process and explanation of school to school review which indicates review done by different reviewer than initial adverse determination and includes the identifier and school of reviewer 100% of the time.			
F.	UR organization issues requests for additional medical information letters that the includes a description of the additional medical information required, the date of the request, and language that allows the ordering practitioner 7 business days to return the information 100% of the time.			

VIII. Standards for Quality Management and Improvement		Points	N/A	COMMENTS:	SCORE: 0
A.	**Quality Management Committee Structure/Composition of Quality Management Department.** The agent has policies and procedures that identify committee membership, frequency of meetings, organizational chart of committees, and guidelines for meeting minutes. The UR agent has policies and procedures that include the qualifications of the quality managers/coordinators. Organizational chart that outlines reporting structure.				
B.	**Quality Improvement:** The UR agent has QI committee meeting minutes and reports that include review and evaluation of the results of quality improvement activities, institutes corrective actions plans and demonstrates improvement of such actions 100% of the time.				
D.	**Annual Quality Improvement Initiatives:** The UR organization has a UR committee that develops annual quality improvement plans that focus on areas of the UR program that require improvement. The plan should establish objectives and measurable goals for each quality indicator as well as an outline of the methods to be used to meet these goals, provide period written reports to the quality committee on progress of meeting the identified goals; and develop corrective action plans that address the goals 100% of the time.				
E.	**Auditing Process:** The UM organization has a policies and procedures that address sampling methodology, audit tools, frequency of audits, and which staff conduct audits. In addition, the process addressed the feedback mechanism of the audit results to individuals and aggregate reports to quality committee. The auditing process evaluates all staff involved in the UM process for adherence to the organization's and state of MA policies, criteria, timelines, and guidelines. The process includes reviews of initial staff, peer reviewers, and medical director if he/she performs UR.				
G.	The UR organization has documentation that indicates all school-to-school reviewers are licensed in the same licensure category as the ordering/treating practitioner 100% of the time.				
H.	The UR organization has documentation of training to all staff on a regular, and consistent basis 100% of the time.				
I.	The UR organization documents complaint and grievance procedures that inform all injured workers and/or their representative of their right to file a complaint with the Department of Industrial Accidents. All internal grievances are forwarded to the DIA within 10 days of complaint 100% of the time.				
J.	The UR organization has an updated list of all medical subspecialties used by the organization in the review process 100% of the time.				

K.	The UR organization has documentation of the # of initial licensed UR reviewers that will also conduct case management 100% of the time.			
L.	The UR organization has written documentation verifying that the organization separate all UR records and functions from case management functions 100% of the time.			

IX. Health Services Contracting		**Points**	**N/A**	**COMMENTS**	**SCORE:**	**0**
A.	The UR organization has written contracts with individual practitioners and organizational providers, including those making UR decisions and specifying that contractors cooperate with the UR organizations quality improvement program that includes: 1. The licensed clinical review staff cooperates with QA activities and complies with all the requirements of 452 CMR 6.0 2. The UR organization has access to the licensed clinical review staff and medical records to the extent permitted by state and federal law. 3. The UR organization safeguards the security and privacy of injured employees and guarantees that UR records will not be accessed for the purpose of case management or any other non-workers compensation function within the organization 100% of the time.					
B.	The UR organization has written documentation that describes its network including numbers and types of clinical review staff who conduct utilization review functions, has written documentation validates availability of clinical reviewers to complete timely clinical reviews in accordance with 452 CMR 6.0, documents the number and geographic distribution of clinical reviewers, written documentation verifying the analysis and measurement of the performance of clinical reviewers 100% of the time.					

X. Credentialing Process		**Points**	**N/A**	**COMMENTS:**	**SCORE:**	**0**
A.	The UR organization documents the mechanism for the credentialing of licensed independent practitioners with whom it contracts or employs and who fall within its scope of authority and action and has documentation that demonstrates reviewers are licensed and in good standing to practice in their respective states 100% of the time.					
B.	The UR organization has documentation that demonstrates the initial and ongoing processes for verification of the credentials of the applicant's reviewers 100% of the time.					
C.	If the UR agent sub-contracts any part of their credentialing or recredentialing process, it must have written documentation that verifies that the program monitors the subcontracted function(s) 100% of the time.					

D.	The UR organization has documentation that verifies all licensed practitioners conducting school to school review are in active practice at least 8 hours per week 100% of the time.				

XI. Telephone System		**Points**	**N/A**	**COMMENTS:**	**SCORE:**	**0**
A.	The UR organization provides access to its clinical review staff by a toll-free telephone line at a minimum of 9 AM to 5 PM of each normal business day in each time zone where the program conducts utilization review 100% of the time.					
B.	The UR organization phone system has a mechanism for receiving after hours calls that provide a confidential UR line for such messages 100% of the time and ensures all calls will be responded to within two business days of incoming after hours telephone calls.					

XII. General Requirements		**Points**	**N/A**	**COMMENTS:**	**SCORE:**	**0**
A.	The UR organization provides a statistical summary including the number of prospective, concurrent and retrospective reviews, # of approvals, # adverse determinations, # appeals, # appeals upheld, # of appeals overturned and number of complaints yearly to the Department.					
B.	The UR organization has documentation of mechanisms for assuring the confidentiality of patient specific information obtained during the utilization review process 100% of the time.					
C.	The UR organization has written documentation that verifies the monitoring of all subcontractors' performance with the organization and compliance with 452 CMR 6.0 100% of the time.					
D.	Application endorses and reflects throughout that the HCSB treatment guidelines published by the Department are applied first and used as the primary source 100% of the time.					

General Comments:

For the purpose of completing this application, the following application terms used must be consistent with 452 CMR 6.00 et seq.

The following definitions must be used for approval.

1 **Injured Employee:** The person who files a claim for benefits

2 **Clinical Director:** A health care professional who is duly licensed to practice in at least one state in the United States and has the responsibility for clinical oversight and management of the Program's utilization management functions

3 **Approval Determination:** An approval determination by the Program that indicates that, based on the information provided, the health care being reviewed meets the clinical requirements for medical necessity, appropriateness under the auspices of the HCSB.

4 **Health Care Services Board Treatment Guidelines and Review Criteria (HCSB):** The written protocols to determine medical necessity and appropriateness of medical care. Programs shall consider the HCSB treatment guidelines endorsed by the HCSB and adopted by the Commissioner when caring for injured employees. The adopted guidelines shall be used by utilization reviewed programs administered by insurers in a form required by the Department, taking into account that appropriate care may vary on a case by case basis.

5 **Utilization Review:** Evaluation of the medical necessity and appropriateness of health services under the auspices of the HCSB and the Department of Industrial Accidents.

6 **Ordering/Treating Provider/Practitioner:** The physician or health care providers who specifically prescribe(s) the health care services(s) being reviewed.

7 **Medical Director:** A doctor of medicine or doctor of osteopathy which is duly licensed to practice in at least one state in the United States and has the responsibility for the clinical oversight of the utilization management program functions.

8 **Clinical Reviewer:** A licensed physician or other health care professional who holds a non-restricted license in a state of the United States

9 **School-to-School Reviewer:** A licensed physician or other health care professional who is defined by their professional degree. Schools include, but are not limited to, physical and occupational therapy, osteopathic, allopathic, nursing and dentistry.

10 **Prospective Review**: Utilization review conducted prior to a patient's health care services or course of treatment (including, but not limited to, outpatient procedures, office visits, durable medical equipment and some pharmaceuticals). May also include services for which care has been initiated prior to the request for prospective review that will:
1) continue prospectively such as a PT evaluation prior to the request for prospective review of condition/diagnosis requiring physical therapy, and;
2) the same treatment provider and;
3) the same condition/diagnosis and ICD-9 code.
Notice of determination must occur within two business days of the receipt of request for determination and the receipt of all information necessary to complete the review.

11 **Concurrent Review:** Utilization review of a patient's ongoing care including, but not limited to, inpatient, outpatient, office visits, durable medical equipment and some pharmaceuticals. For concurrent review, the notification should be within one day prior to the implementation, i.e., discharge.

12 **Retrospective Review:** Utilization review conducted after services (including, but not limited to, inpatient, outpatient, office visits, durable medical equipment and some pharmaceuticals).

within 10 days of the adverse determination.

13 **Adverse Determination:** An adverse determination is a denial of the appropriateness or necessity of a health care service. Any adverse determination by a UR agent as to a health care service must include a detailed description of the services rendered, as required by M.G.L. c. 152 sec 13 and must be reviewed by a licensed practitioner. When the service is ordered by a practitioner, the review must be conducted by a practitioner in the same

school as the ordering/treating practitioner. An important part of the UR program is the requirement that when a UR agent issues an adverse determination, the agent must notify both the injured worker and the ordering/treating practitioner in writing and:

a. provide the guideline used to review the treatment
b. identify the reasons why the proposed treatment failed to meet the appropriate applicable guideline; and
c. inform the injured worker and the ordering provider of the right to appeal the UR determination.

14 **Expedited Appeal:** When an adverse determination not to approve a health care service is prior to, or during an ongoing service requiring review and the injured employee and/or the ordering provider believes that the determination warrants immediate appeal, the injured employee and/or ordering provider shall have an opportunity to appeal that determination over the telephone to the UR agent with the right to speak to a practitioner of the same school as the ordering provider on an expedited basis. The appeal must occur no later than 30 days from the date of the receipt of notice of adverse determination. UR agents shall complete the adjudication on an expedited basis, but at least within 2 business days of the date the appeal is made.

15 **Standard Appeal:** Adjudication of all other appeals of adverse determinations must be completed within 20 days from the date the appeal is filed.